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CONFIRMATION NO. 7578

<b>SERIAL NUMBER</b> 10/634,704	<b>FILING OR 371(c) DATE</b> 08/05/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b> 29888/38379A
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/859,637 05/18/2001 PAT 6,602,202 which claims benefit of 60/205,469 05/19/2000  
 and claims benefit of 60/247,999 11/14/2000  
 and claims benefit of 60/287,387 05/01/2001 *OK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 11/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 68	<b>INDEPENDENT CLAIMS</b> 11
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**ADDRESS**  
4743

**TITLE**  
System and method for objective evaluation of hearing using auditory steady-state responses

<b>FILING FEE RECEIVED</b> 2483	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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